

PTO/SB/81 (11-04)

Approved for use through 11/30/2005, OMB 0851-0035

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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	THEODOR GAßMANN, ET AL
Title	TRANSFER BOX WITH CROWN TEETH
Art Unit	
Examiner Name	
Attorney Docket Number	GKNG 1285 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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Applicant/Inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	HEINZWILLI FUCHS	Date	02/06
Name	<i>Heinzwilli Fuchs</i>	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

\*Total of 2 forms are submitted.

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PTO/SB/01 (11-04)

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and  
CORRESPONDENCE ADDRESS  
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Examiner Name	
Attorney Docket Number	GKNG 1285 PCT

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Address				
City		State		Zip
Country				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	THEODOR GASSMANN	Date	30-6-06
Name	<i>John Gassmann</i>	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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